

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>1325</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>CHARLES T SEYMOUR</u> P O Box, Bldg Room No if any Street <u>2243 HWY 56</u> City <u>BENNINGTON</u> State <u>IN</u> ZIP Code + 4 <u>47011</u>	4 Name file number and address of labor organization Name <u>IBEW LOCAL #212</u> Labor Organization File Number <u>011-118</u> P O Box Building and Room Number if any <u>SUITE 101</u> Street <u>1216 E. McMILLAN</u> City <u>CINCINNATI</u> State <u>OH</u> ZIP Code + 4 <u>45206</u>
5 Position in labor organization <u>BUSINESS MANAGER</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7.a Nature of Interest, Transaction or Income 7.b Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed <u>Charles T. Seymour</u>	On <u>8/15/05</u> <u>(812) 534-3748</u> Date Telephone Number

Name of Person Filing CHARLES T SEYMOUR

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name LD. NO 212 IBEW BENEFIT OFFICETrade Name if any PENSION PLANP O Box Bldg Room No if any SUITE 204Street 1216 E McMILLANCity CINCINNATIState OH ZIP Code + 4 45206

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name IBEW LOCAL #212 PENSION PLANTrade Name if any PENSION PLANP O Box Bldg Room No if any SUITE 204Street 1216 E McMILLANCity CINCINNATIState OH ZIP Code + 4 45206

11.a Nature of such dealing

REIMBURSEMENT OF TRUSTEE EXPENSE

11 b Approximate dollar value of such dealing

\$120000

12.a Nature of interest held or income received

IN PERFORMANCE OF TRUSTEE DUTY (ALL REIMBURSEMENT) SAME AS ABOVE

12 b Amount

\$120000

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4

14.a Nature of payment

13.b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

LU NO 212 IBEW BENEFIT OFFICE

1216 EAST MCMILLAN STREET, SUITE 204
CINCINNATI, OHIO 45206
(513) 861-4800

(H&W) Local No 212 IBEW Health and Welfare Benefit Plan
(Pension) International Brotherhood of Electrical Workers Local Union No 212 Pension Plan
(SUB) IBEW Local No 212 Supplemental Unemployment Benefit Plan

Charles T Seymour
213 Highway 56
Bennington IN 47011

EXPENSES ASSOCIATED WITH 2004 CONFERENCE - INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS

<u>Date of Check</u>	<u>Fund</u>	<u>Check #</u>	<u>Amount</u>
7/21/2004	Pension	27020	\$300 00
11/22/2004	Pension	27185	\$808 00
11/23/2004	Pension	27189	\$692 00
<u>Total</u>			<u>\$1,800 00</u>

LOST TIME WAGES

<u>Date of Check</u>	<u>Fund</u>	<u>Check #</u>	<u>Hours</u>	<u>Gross</u>	<u>FICA</u>	<u>Federal</u>	<u>State</u>	<u>City</u>	<u>Net</u>
None									

LM 10 and LM-30 Disclosure
Statement
1/1/2004 - 12/31/2004